SleepMedicine Associates of Texas, P.A.

Referring Physicians Packet

Phone: (214) 750-7776 **Fax:** (214) 750-4621 **Email:** newpatient@sleepmed.com

Referring Physician Information

NPI#

Name: _____ Specialty: _____

Address: _____ Phone: _____ Fax: _____

City/State: _____ Zip: _____ Signature: _____

Patient Information

Name: _____ Email: _____

Address: _____ Home: _____ Cell: _____

City/State: _____ Zip: _____

Date of birth: _____ Coordinator: _____

Insurance Information

Policy #

Provider: _____ Group Number: _____

Product: ◯ HMO ◯ PPO ◯ POS ◯ EPO ◯ INDEM Benefits Phone Number: _____

Insured: ◯ Self ◯ Spouse ◯ Child ◯ Other Employer: _____

Reason for Referral (check **all** that apply)

- ◯ G47.33 OSA - whitnessed breathing pauses during sleep
- ◯ G47.10 Hypersomnia, Unspecified (EDS)
- ◯ F51.3 Sleep Arousals
- ◯ R06.83 Respiratory Insufficiency (Disruptive Snoring)
- ◯ G47.61 Periodic Limb Movements during sleep
- ◯ R53.83 Fatigue
- ◯ E66.9 Obesity
- ◯ G25.81 Restless Legs
- ◯ G47.26 Shift Work Disorder
- ◯ G47.00 Insomnia, Unspecified
- ◯ G47.419 Narcolepsy

Previous Sleep Study? ◯ Yes ◯ No

Currently on CPAP? ◯ Yes ◯ No

If Yes, what pressure? _____

Check all that Apply:

- ◯ Patient needs Oxygen
- ◯ Patient needs Insulin
- ◯ Patient needs Cardiac/Antihypertensive Meds
- ◯ Patient needs Antidepressant Medication
- ◯ Patient has Cardiovascular Disease

Referral Options

◯ Consultation

(Sleep Specialist to eval, diagnose, and treat as needed)

- ◯ Next Available Doctor
- ◯ Dr. Jamieson
- ◯ Dr. Rosenthal
- ◯ Dr. Stevenson

◯ Procedure (Please specify)

- ◯ Home Pulse Oximetry
- ◯ Home Sleep Study
- ◯ Attended Sleep Study
  - ◯ Diagnostic Only ◯ Split Only ◯ Titration Only

☐ **CHECK HERE IF OK TO CONVERT TO HST IF INSURANCE REQUIRES**